

PART IV –

**FORMULA / COMPETITIVE / DIRECT
GRANT APPLICATION FOR FEDERAL FUNDS**

_____ APPLICANT/ELIGIBLE RECIPIENT	_____ DATE	<u>2006</u> FISCAL YEAR
_____ PROJECT TITLE	_____ AMOUNT OF FEDERAL FUNDS	
_____ ADDRESS	_____ REGION	

FEDERAL PROGRAM CATEGORIES

Check **one** category only!

- ____ **Formula** **Complete if formula application is part of a consortium**
- | |
|--|
| List Consortium Members - _____
- _____
Name of Fiscal Agent _____ |
|--|
- ____ **Tech Prep**
- ____ **Leadership & Development – Non-Traditional Training**
- ____ **Leadership and Development – State Institutions (Corrections)**
- ____ **Leadership and Development – Other**

Proposed program is considered in regional planning	____ Yes	____ No
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PROJECT WILL COMPLY WITH ASSURANCES:

Signatures:

Project Director (if Applicable): _____ Date: _____

Career and Technical Director: _____ Date: _____

APPLICANT _____

TITLE _____

1. **ABSTRACT** Briefly describe the purpose of this project, and how the project will improve applied technology education.

2. **NEEDS ASSESSMENT** Describe the needs for these Federal funds and how the needs were assessed.

APPLICANT _____ TITLE _____

3. OBJECTIVES, ACTIVITIES, AND EVALUATION (Submit additional sheets as necessary)

<u>Objectives:</u> Clearly state each objective with measurable outcomes.	<u>Activities:</u> Describe how each objective will be achieved.	<u>Evaluation:</u> Describe how each activity will contribute to accomplishing the State Adjusted levels of performance for the Core Indicators (refer to Section III of the State Plan for more information).

APPLICANT _____

DATE _____

This is an imbedded excel spreadsheet. Double click to enter budget amounts. When finished working with the spreadsheet, click outside the box to save and print.

OBJECT CODE		EXPENDITURE CLASSIFICATION *	IC ^	BUDGET APPROVED BY USOE		
			Rate	TOTAL	I. Admin	II. Other
A.	(100)	Salaries		\$ -		
B.	(200)	Employee Benefits		\$ -		
C.	(300)	Purchased Prof. & Tech. Svc.		\$ -		
D.	(400)	Purchased Property Svc.		\$ -		
E.	(500)	Other Purchased Svc.		\$ -		
F.	(580)	Travel In-State		\$ -		
F.	(580)	Travel Out-of-State		\$ -		
G.	(600)	Supplies & Materials		\$ -		
H.	(800)	Other (Exclude Audit Costs)		\$ -		
I.		TOTAL DIRECT COSTS (Lines A thru H)		\$ -	\$ -	\$ -
J.	(800)	Other (Audit Costs)		\$ -		
K.		* Indirect Cost Rate		\$ -		
L.	(700)	Property (includes equipment)		\$ -		
M.		TOTAL(s) (Lines I Thru L)		\$ -	\$ -	\$ -

Justification or explanation:

* District Chart of Accounts Found in USOE Finance and Statistics' Annual Workshop Binder.
See Your Business Administrator

^ Insert district approved restricted indirect cost rate

Definitions:

I. Admin - Administration includes activities performed for the proper and efficient performance of the eligible recipient's duties under the Act, including grant application and management. Administration does not include curriculum development activities, staff development, or research activities. Recipients may not use more than 5% for administrative purposes.

II. Other includes all activities not included in administration.